



AMERICAN SOKOL ORGANIZATION
MEMBERSHIP APPLICATION FORM

FIRST NAME MIDDLE NAME SECOND NAME

ADDRESS.....

CITY..... STATE..... ZIP.....

HOME PHONE..... WORK PHONE..... CELL PHONE.....

E-MAIL

DOB (MM/DD/YEAR)..... STATE..... CITY..... COUNTRY.....

MARRIED..... SINGLE.....

SPOUSE.....

CHILDREN.....
(Names and Ages)

APPLICANT'S OCCUPATION..... U.S. CITIZEN..... YES / NO

MEMBERS OF OTHER CLUBS OR ORGANIZATIONS (List).....

APPLICANT'S SPONSORS.....

STATEMENT: I affirm that I am loyal to the government of the United States of America and that I am not a member or any subversive organization, if admitted to membership of the American Sokol Organization, I promise to be governed by the by-laws in all my activities on behalf of said organization.

Date (MM/DD/YEAR)..... **Signature of Applicant**.....

Please, print this form, fill it out and mail it together with a check made payable to **Sokol Washington, D.C.** with the amount of annual membership fee to Br. Tibor Bartalos, 1101 3rd Street, S.W., # 704, Washington, D.C., 20024. Once you attend a meeting, you will be sworn in.